

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

DR. JAMES DOBSON FAMILY  
INSTITUTE and USATRANSFORM  
d/b/a UNITED IN PURPOSE,

Plaintiffs,

v.

Case No. 4:24cv00986-O

XAVIER BECERRA, Secretary of the  
United States Department of Health and  
Human Services; UNITED STATES  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES; CHARLOTTE  
BURROWS, Chair of the United States  
Equal Employment Opportunity  
Commission; and UNITED STATES  
EQUAL EMPLOYMENT  
OPPORTUNITY COMMISSION

Defendants.

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**RETURN OF SERVICE**

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The Summons and complaint were served on Defendant United States Equal Employment Opportunity Commission, by U.S. Postal Service Certified Mail on October 22, 2024. The signed return receipt (PS Form 3811) is attached as proof of service on the named defendant.

Respectfully submitted this 30<sup>th</sup> day of October, 2024.

/s/ Andrew Nussbaum

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<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
U.S. Equal Employment Opp. Comm. 131 M Street, NE Washington, DC 20507		M. G. 164	10/22/24
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7019 0160 0000 2500 4319			
3. Service Type		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	